

2018



FEE TRANSMITTAL

MAIL STOP RCE

Complete If Known

Application No.	09/604,114
Filing Date	June 26, 2000
First Named Inventor	David J. Farrar
Examiner Name	J. Woo
Group Art Unit	3731
Attorney Docket Nos.	018881.0119

Total Amount Of Payment (\$)**770.00**

METHOD OF PAYMENT (check one)

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to **Deposit Account No. 02-0375** in the name of Baker Botts L.L.P.

2. ☒ Check Enclosed. The Commissioner is hereby authorized to charge any variance between the amount enclosed and the Patent Office charges to **Deposit Account No. 02-0375** in the name of Baker Botts L.L.P., The Warner, Suite 1300, 1299 Pennsylvania Avenue, N.W., Washington, D.C. 20004-2400.

FEE CALCULATION

1. BASIC FILING FEE	<input type="checkbox"/> Large Entity	<input type="checkbox"/> Small Entity	
			FEE PAID
Utility Filing Fee			\$
Design Filing Fee			\$
Plant Filing Fee			\$
Reissue Filing Fee			\$
Provisional Filing Fee			\$

FEE CALCULATION (continued)

3. ADDITIONAL FEES	Fee Description	Fee Paid
<input type="checkbox"/>	Surcharge - late filing fee or oath	\$
<input type="checkbox"/>	Surcharge - late provisional filing fee or cover sheet	\$
<input type="checkbox"/>	Extension for reply with _____ month(s)	\$
<input type="checkbox"/>	Notice of Appeal	\$
<input type="checkbox"/>	Filing Brief in Support of Appeal	\$
<input type="checkbox"/>	Request for Oral Hearing	\$
<input type="checkbox"/>	Utility Issue Fee (or reissue)	\$
<input type="checkbox"/>	Design Issue Fee	\$
<input type="checkbox"/>	Plant Issue Fee	\$
<input type="checkbox"/>	Petitions to Commissioner	\$
<input type="checkbox"/>	Petition to Revive (unavoidable)	\$
<input type="checkbox"/>	Petition to Revive (unintentional)	\$
<input type="checkbox"/>	Petitions Related to Provisional Applications	\$
<input type="checkbox"/>	Submission of Information Disclosure Statement	\$
<input type="checkbox"/>	Filing Submission After Final Rejection	\$
<input type="checkbox"/>	Recordation of Assignment Document/Name Change	\$
<input type="checkbox"/>	Filing Request for Reexamination	\$
<input checked="" type="checkbox"/>	Other (specify) Request for Continued Examination	\$ 770.00

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2. EXTRA CLAIMS FEES

CLAIMS AS AMENDED

For	Number Present	Highest Number Paid For	Extra	Rate		Amount
				Large Entity	Small Entity	
TOTAL CLAIMS		20	0	x \$ 18.00	x \$ 9.00	\$0.00
INDEPENDENT CLAIMS		03	0	x \$ 86.00	x \$ 43.00	\$0.00
MULTIPLE DEPENDENT CLAIMS				\$ 290.00	\$ 145.00	\$0.00
TOTAL EXTRA CLAIMS FEES						\$0.00

SUBMITTED BY	Complete (if applicable)		
Typed or Printed Name	James B. Arpin	Registration No.	33,470
Signature		Date	04/21/04